Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

ISG-QI Clinical Committee
6-20-06
Meeting Minutes

Attendees: Robin Blitz, MD, FAAP; Karen W. Burstein, PhD; Martha Frisby, RN; Thara MacLaren, Pamela Mason, Sharman Ober-Reynolds, CFNP; Sydney Rice, MD; Bill Rosenfeld; Peggy Stemmler, MD, MBA; Leslie Walker, MPA; Jill Wendt, MEd

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Pre-Meeting notes		The 6-20-06 ISG QI Clinical Committee Meeting had the option of conference calling in. Via phone: Dr. Robin Blitz (Children's Health Center of St. Joseph's Hospital); Dr. Peggy Stemmler (Arizona Chapter of American Academy of Pediatrics); Ms. Sharman Ober-Reynolds (Southwest Autism Research and Resource Center); Dr. Karen Burstein (Southwest Institute); Bill Rosenfeld (Mountain Park Health Center); and Martha Frisby (St. Joesph's Medical Center) Via video conferencing – Dr. Sydney Rice (UofA Children's Clinics for Rehabilitative Services)	
Welcome/ Introductions Announcements	Jill Wendt, Executive Consultant, ADHS-OCSHCN	Mrs. Wendt welcomed all the ISG QI Clinical Committee members to the June 20, 2006 meeting. Welcome everyone. I am a new face and voice to everyone that can hear or see me. I am a Executive Consultant at the Department of Health Services. As you all know, Jackie Cox resigned from her position here at the Office for Children with Special Health Care Needs and you all have me, for now, as a facilitator. I was hoping that Dr. Clement could be here but he was called on another assignment today. I will be catching up on this committee, so please feel free to correct me with things, or bring me up to speed with issues, if necessary. I would like to start with	*Mrs. Jill Wendt, Executive Consultant, ADHS-OCSHCN is new Project Coordinator of the Integrated Services Grant.

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		introductions since we do have a few new members to the Committee. Starting with Dr. Rice in Tucson (video conference), the Committee introduced themselves around the room.	*Dr. Rice introduced herself and advised the Committee that she is involved with the IHD program. (see QI Clinical Status Report for programmic integration opportunities-Larry Gallagher (initial member) and Diane Lenz, Project Specialist)
Announcements	Mrs. Wendt	Any announcements to share? I am taking over the oversight of the Integrated Services Grant. I am the Facilitator for the ISG Cultural Competency Committee, so I am familiar with how we ran that committee and what the ISG dynamics are. I am very excited about this new role. It will help me to learn all the activities of the ISG Committees. I cannot say if I will be the facilitator for this committee in the long-term but I will help with any transition that may be identified. I would like this Committee to elect a chairperson if at all possible. We like to have chairpersons who are outside the Department of Health Services, so if anyone is interested in chairing this committee, please let me know as soon as possible (email wendtj@azdhs.gov). The facilitator is usually an OCSHCN staff member who works internally with the committee, and as a member, as well as help with meetings (working with Pam and the staff, etc). A Chairperson is a bit different in that a chairperson will serve as the official representative of their Committee when reporting to the Executive Task Force and to other entities. Chairpersons are the leaders of the committees. I hope that someone will have an interest in taking this role on.	*Call for volunteers to assume Chairperson position on the ISG QI Clinical Committee – email Mrs. Wendt at wendtj@azdhs.gov (602-364-3356) with suggestions
		The attending new members to the QI Clinical Committee are Mrs. Thara MacLaren, Research and Statistical Analyst Chief in the ADHS Office for Children with Special Health Care Needs, and Ms. Leslie Walker, Maternal and Child Health Coordinator at AHCCCS. We are very happy about these additions. Thara is new to the OCSHCN department in a research-capacity and we look forward to her input. Leslie has joined	*Add new members to ISG QI Clinical:Membership List

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		us as a MCH Coordinator and we are very excited to have her on board from AHCCCS. Ms. Connie Williams, CQM Manager at AHCCCS has also been invited to participate in future meetings of this group. No further announcements were made by the committee.	*Thara MacLaren, Research & Statistical Analyst Chief –ADHS-OCSHCN; Leslie Walker, Maternal and Child Health Coordinator, AHCCCS; and Connie Williams, CQM Manager at AHCCCS
Review Meeting Minutes for May 16, 2006	Group	Advised the ISG QI Clinical Committee of the status of all May 2006 Committee Meeting minutes. With your approval, I have put together a brief standardized text for the QI Clinical 5-16-06 meeting minutes which will be posted on the Website. This web posting is a basic paragraph referencing the fact that the 5-16-06 QI Clinical Committee meeting was dedicated to the review and streamlining of the May 2006 Committee Status Report to the ISG Task Force, and to visit the website throughout June and July 2006 to view the status reports and updates.	*Visit www.azis.gov throughout June and July 2006 for all May 2006 updates (Status Reports, Quick Links, Minutes) to the ISG Committees and ISG Task Force. *No objections raised to standardized text being used for QI Clinical's May 16, 2006 meeting minutes web posting.
Review of QI Clinical Quarterly Status Report to Task Force	Mrs. Wendt	With that, we should all take a moment and review the QI Clinical Quarterly Status Report to the Task Force. Does this capture the full discussion we had last time? This draft was already introduced to the Executive Task Force but I would like to hold off on posting it to the Web until we reviewed it as a group. If anyone has any comments or corrections, please speak up. If it is okay, then we will post this to the Website. We also need to talk about the new recommendation of GAPS (Guidance for Adolescent Preventive Services).	*Change the Quarterly Status Report to reflect the committee's changes.

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		The members took a moment to review the QI Clinical May 2006 Status Report to the Executive Task Force. Ms. Wendt read the status report for the benefit of people on the phone. The members made some corrections to the report. The corrections as follows: Line items: * (old) Parents' Evaluation of Developmental Status (PEDS) – birth -8 years **ADD** "AT EVERY WELL CHILD VISIT" * (old) Modified Checklist for Autism (M-CHAT); 18-24 months **CHANGE** to 18 months – 4 years * (old) Pediatric Symptom Checklist (PSC) 4-18 years; 35 statements **CHANGE** to 4-16 years	
Review of QI Clinical Quarterly Status Report to Task Force (con't)	Mrs. Wendt	The other objectives of the QI Clinical Committee listed on the Status Report are: A) (referenced as ISG Grant objective 7.2): *to evaluate the effectiveness of youth and parent involvement.* This objective does not have a specific activity identified as yet. B) (referenced as ISG Grant objective 7.3) *establish specific performance measures to evaluate the progress of the grant.* We list that it is "under discussion" but we do not list anything specific to activity. C) (referenced as ISG Grant objective 7.4) *update study designs as appropriate.* No specific activities have been identified yet. D) (referenced as ISG Grant objective 7.5) *"In collaboration with NAU/IHD, train youth and parents on consumer-to-consumer interviewing to identify quality issues throughout the system".* The status report lists "Presentation by NAU/IHD" (Larry Gallagher Project Abstract at QI Clinical Inaugural Meeting – see your binders for specific handouts)	*Collaboration with NAU/IHD noted on Status Report needs to be defined
Review of QI Clinical Quarterly Status Report to Task Force (con't)	Mrs. Wendt	From the report, we also identify the *AHCCCS PEDS Project and Dr. Stemmler's Quality Improvement Project as opportunities for integration.* *Barrier identified is "identification of Medical Homes".*	*There was committee consensus that the May 2006 QI Clinical Status Report would be changed to reflect

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		Jackie wrote into the report that *"no support was needed at this time"*. This would be an area, in the future, that if you needed support or possibly a recommendation from the Executive Task Force; or for other ISG Committees to review and assist, you would have the opportunity to enter that here. Finally, the Task Force Recommendation from the QI Clinical Committee is to *approve the use of the screening tools in the Medical Home Project.*	corrections and posting to www.azis.gov was approved.
GAPS Screening Tool	Mrs. Wendt	Last week, the Adolescent Health Community Advisory Group met. Dr. Karla Birkholz is the Chairperson of that Group. Within that meeting, Dr. Birkholz brought forth to that group, that the GAPS may be a more appropriate screening tool for adolescents. They have requested that we bring GAPS forward to this committee for review and feedback. We have provided copies of the GAPS tool to you (email for those on the phone & video). Dr. Birkholz also offered that if there is a real strong feelings against using it, that maybe the two committees (or key person) could meet (via phone or in person) to have further discussions. The Adolescent Health Group stated that the GAPS is long (3-5 pages) but felt strongly enough about GAPS being appropriate for adolescent screening and data gathering, that they recommended it to QI Clinical.	*Adolescent Health Community Advisory Group recommended to the QI Clinical Committee that they review and provide feedback on the GAPS tool for adolescent screening.
	Peggy Stemmler, MD, MBA American Academy of Pediatrics	It is a good tool to enhance services but it is a different tool than the other ones we have been looking at. It covers some of the same issues as CRAFFT. Risk factors and risk behaviors. It doesn't necessarily address learning and developmental issues. It is an important tool and I don't have any issues with it but I don't believe we are covering the same topic.	
GAPS Screening Tool (con't)	Mrs. Wendt	It does cover adolescents and not pediatrics.	
	Robin Blitz, MD, FAAP, Children's Health Ctr of St. Joseph's Hospital	I don't have the copies in front of me. Is the GAPS more screening for at-risk behaviors in adolescents? Is that what it screens for?	

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	Dr. Stemmler	There's a couple things. It has a parent questionnaire and two adolescent questionnaires, and it is extensive. It goes through a history - allergies, why are you here, any problems, and then it gets into a social history; where they are living, school issues, family & friends, etc. It depends on what we are trying to get at, or define -- through the questionnaires. One uses a questionnaire to get information. This is more of a general well-care visit that asks a lot of questions about the things you may want a care coordinator to know.	
	Dr. Blitz	How is it different than a regular well child visit? And for AHCCCS kids following the EPSDT format?	*Is GAPS used at well child visits for adolescents? *Does the EPSDT include topics that GAPS touch upon?
	Dr. Stemmler	Much more in detail in terms of the questions that are asked. And usually will be done ahead of time. The questionnaires are 3 to 5 pages long with Young Adolescent being the longest at 5 pages. They have Parent-Guardian questionnaire, Younger Adolescent Questionnaire, and Middle-Older Questionnaire.	
	Mrs. Wendt	In hearing the discussion as a first-timer at Adolescent Health, what I summarized from that conversation, is that some of the other youth tools get in-depth and the GAPS is more of a general over view questionnaire. More conversational in nature whereby youth and parents may feel more comfortable in talking and discussing their issues. Adolescent Health Group did address the issue that as one uncovers more information on youth(s), there is an obligation to provide more services to them but that this should not be viewed as a hindrance. Especially since the GAPS may produce results that are more to the mental health and behavioral health aspect. The Adolescent Health Group was trying to be realistic about what our screeners are going to be able to do and what the offices that participate are going to be able to do (within the medical home project). It was evident that we may wish to consider choosing an assessment tool or screening tool that would be general enough to cover the young adult age group. The QI Clinical Committee has recommended to the ISG Task Force to approve pediatric screening tools to be used in the Medical Home Project sites. We bring the GAPS tool for review to see if a recommendation could/should be made for the young adults.	*Feasibility of GAPS being used in the Medical Home Project sites?

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	Dr. Blitz	Does it ask about substance abuse?	
	Dr. Stemmler	Yes. I guess the question is what are we trying to do here? It is easier to identify developmental delay at-risk children at a young age with specific test/score driven screening tools. As people get older, it gets harder to define. What are we screening for?	
	Group discussion	There was discussion as to the information gathering aspect of GAPS as opposed to other specific tools that use a definite score. The GAPS is more for information gathering on topics that might not be addressed in a normal doctor visit. What kinds of adolescent tools are out there? A goal is to put tools in place (in the medical home project), that will begin better diagnoses and coordination of care. If we have all this set up, it will lead us into the core objective of the grant which is the integration of the services and resources at hand. We did this with the pediatric population. Now we have young adult population for consideration. If the Medical Home Project branches out to include more than just pediatric sites, we will need to address the needs of other populations.	*What adolescent tools for screening or information gathering are being used currently? *GAPS is more of an informational gathering tool (no specific scoring ranges) that would add value to physicians trying to diagnose special health care needs for young adults.
	Dr. Blitz	I am going through our notebook regarding the grant and the PPT presentation. I read into this, for purposes of the grant, is to increase accessibility and availability of individualized health and wellness resources for children and youth with special health care needs. Increase availability of a cohesive and stable continuum of resources within a medical home, that includes a quality of life approach and increase the recognition of families as integral partners in the care of their child's health and well being. There's another piece that talks about better integration of information. Then there is a slide that says Outcomes of the Grant and things that are listed as outcomes are: to reduce redundancy, develop a shared best practices, competency based education, enhance access to care, improve reimbursement, facilitate partnerships, enhance communications, and improve systems of care for children and youth with special health care needs.	

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		As we want to identify what children and youth's physical and mental health care needs are, it does not make sense to me to base a screening tool on what service is available to give- in case we find the problem. We are supposed to be developing best practices and then enhancing the access to care.	
	Mrs. Wendt	If we look at a tool like GAPS that expands the level of questioning and detail for adolescents, it gives the adolescent population a chance to be looked at more closely in terms of a care coordinator and screener plan. It is correct in that the tool will direct the services, because one will seek out certain things relevant, and if we don't have the services to act upon what we have found….then the tool was ineffective. With GAPS, it gives us a more in-depth opportunity to explore adolescent needs and work more closely to provide a foundation for that population to be represented as we go forward with the grant. With the outcomes that have been identified in the grant as needing to be satisfied, it is clear that there are more objectives we need to accomplish. Improving quality of care includes the youth, and a tool such as GAPS puts us one step closer to being able to identify and reach that outcome.	
	Sharman Ober-Reynolds, SARRC	Did the tools come with a scoring or algorhythm so the case managers would have confidence in their referrals? And follow-up?	
	Dr. Stemmler	Let me articulate this. GAPS is not a screening tool in the strict term. It is like an EPSDT form for teens, but a real good one. Whereby you actually get the information you need. It's basically "how do you do a well-adolescent visit". It is not like PEDS or M-CHAT where one is looking for a specific developmental delay issue. This is just making sure that the correct questions are being asked of and to the teenagers, to obtain the information the professionals really need to know. And sometimes it is difficult. For example, "are you making yourself throw up after eating" or "do you feel like hurting yourself". This is information that the physician, screener and care coordinator need to know but it is *influenced*. And the visit is influenced by the background and perception of the person that is giving the tool. It is not a screening tool in the way we think of them, with scoring, etc.	
	Dr. Burstein	I am looking at this from research perspective. The variables are primarily dichotomous. You could use this to see if there are differences in kids by virtue of their primary diagnosis. And if the point is to use this to look at *who* the population is -being seen in these sites, it actually could yield some interesting information. Your	*Can GAPS provide population and/or epidemiology information for further

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		point about the fact that it will drive and predict the services that you are going to need to provide at some level, is a good point. But because of the way the variables are set up, it lends itself to talking about who the people are that are being seen. It will have a lot of research information on the population and the adolescents being seen. From a data standpoint, it would assist in being able to better identify a sample.	research?
	Dr. Blitz	It is not a validated screening tool like the Pediatric Symptom Checklist that looks at academic performance, behaviors, and attention. You get scores and those scores mean certain things depending on how you are. Correct?	
	Mrs. Wendt	What I understand is that it is a questionnaire and not a screening tool with scores. Are there recommendations on how to proceed with this? Would you like to go back to Adolescent Health and bring your issues forth and have an interactive discussion?	
	Dr. Stemmler	I agree with that. To get their thoughts and to what end they were trying to use it.	
	Mrs. Wendt	Do we have a consensus?	
	Dr. Blitz	From what I understand, it is a good guideline to do in an adolescent well visit. Is it what our purpose is? Our committee's purpose was to recommend appropriate developmental, behavioral, dental, etc. screening tools to be used at the well child visits. Is that correct?	*Review QI Clinical Action Matrix for committee goals and tasks outlined.
	Mrs. Wendt	That was a goal for the Medical Home Project. And if possible, to integrate to other agencies and programs which has the potential of impacting well child visits. It is clear that GAPS guides someone as a questionnaire versus a screening tool I don't remember that point coming up too strongly in Adolescent Health. So this is a good point, does it address the purpose that we need it to address, as the grant proceeds.	*Does GAPS satisfy the purpose of the grant as we proceed?
	Ms. Ober-Reynolds	I think something that would provide the case managers or coordinators (on site) with a more focused direction is helpful. Get them the information that would be useful to them for facilitating and getting people into more appropriate services.	*GAPS is a resource that can be used to help keep the case managers and coordinators in a focused direction.
	Mrs. Wendt	With the schedules you all have, would you like for us to set up a conference call situation with Adolescent Health, or what would be the best way to bring both groups together?	*ISG Adolescent Health Community Advisory Group to be

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			invited to 7-18-06 ISG QI Clinical Meeting
	Dr. Stemmler	Since I brought it up, I will participate.	
	Bill Rosenfeld, Mountain Park Health Center	What is keeping me from being very decisive about this tool is related to model design. I keep hearing care coordinator, case manager, care manager, and the positions being brought up, and I am wondering if that service delivery model has been conclusively decided upon. I run an integrated behavioral program and it has been recognized by HRSA as a best practice, and this particular tool would be immensely helpful to my behavioral health consultants that are working side by side with physicians. This speaks to health promotion and health literacy. It has the ability to lead the clinician into further discussions to be able to assess people, conceptually, at the right time with the right professional. At the same time, I understand the research potential or having a guide that has a scoring format that would be conclusive in setting a case manager into a specific action/motion. Where are we at with service model delivery design?	*What are the dynamics of the Medical Home Project?
	Mrs. Wendt	That is another great question and I would have to respond to the committee at a later time as I get more familiarized with the grant. I can do that in a short amount of time. I will get back to you on what the grant written specifics are on the Medical Home Project.	*Mrs. Wendt to outline the specifics of the Medical Home Project in a future QI Clinical Meeting.
	Mr. Rosenfeld	I just don't want to put the cart before the horse on this. We are looking at the screening documents, assessments, and the informational documents and it was hard for me to tell who is handling them, and at what point-- in the service delivery.	
	Dr. Blitz	Is GAPS available in Spanish?	
	Mr. Rosenfeld	It came in both.	
	Dr. Blitz	What if the child can't read? Or write.	
	Mr. Rosenfeld	That is a universal problem with anything that is pencil and paper.	
	Dr. Blitz	If it is several pages long versus another screening tool, for instance the PSC is only one page long.	
		continue	

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	Mr. Rosenfeld	This is 61 questions. The PSC is 36. So certainly, with literacy problems, you will get delayed in the administration of the tool, etc. or have to accommodate time with a medical assistant.	
	Mrs. Wendt	Would you like to get everyone, as a collective, in the joint call or meeting with Adolescent Health? I have a yes from Peggy already. Or would you like to be designated individually, etc.	
	Dr. Blitz	I would be interested in having the discussion but my schedule is always difficult. I would just need to know in advance.	
	Mrs. Wendt	Okay, we will try to make this happen soon.	
Adjournment		At this time, there were no further questions or discussions and the Committee adjourned.	
Next Meeting		**July 18, 2006 1pm-3pm ADHS Bldg., Room 345A with ISG Adolescent Health Community Advisory Group and ISG Parent Action Council open invite.**	*7-18-06 was changed to 7-25-06